Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINIS	TRATI	VE PRO	CEDURES	NOTICE	FILING
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ADMINISTRATIVE PROCEDUKES	NOTICE FILING				
AGENCY NAME Division of Medicaid	CONTACT PERSON		TELEPHONE NUMBER		
ADDRESS	Margaret Wilson		601-359-5248		
550 High Street, Suite 1000		CITY Jackson		STATE	ZIP
EMAIL	SUBMIT DATE	Name or number of rule(s):		MS	39201
Margaret.Wilson@medicaid.ms.gov		Title 23: Medicaid, Part 200:	Durable Medical	Fauinment Media	-1
	MAD 9 1 2021	represented and Medical Supr	illes Chanter 1. I	Described Manding!	
	MAR 3 1 2021	Concord A I TT 12' ou	iances, Rules 1.3	Nebulizers and 1.	38:
Short explanation of rule/amendment/ Code filing removes the prior authoriza	repeal and reason(s	for proporting sula /-	. , ,	This Adams is a	
					/e
	ber 2019 to present	showing 727 prior authoriz	ation requests	authorization on	1. 2
Specific legal authority authorizing the List all rules repealed, amended, or sus	promulgation of rule	: 42 U.S.C. § 1395m; Miss.	Code Ann. 88	13-13-117-12 12	171
	pended by the propo	sed rule: 1.33 and 1.38		+0-117, 43-13-	121.
ORAL PROCEEDING:					
An oral proceeding is scheduled for	this rule on Date:	Time: Place:			
Presently, an oral proceeding is not	scheduled on this ru	le .			
If an oral proceeding is not scheduled, an oral pro an agency or ten (10) or more persons. The writte	ceeding must be held if a	written request for an oral proce-	eding is submitted	by a political subdivis	sion.
days after the filing of this notice of proposed rule	adoption and the Idi	inted to the agency contact pers	on at the above ac	dress within twenty (20)
person(s) making the request; and, if you are an a represent. At any time within the twenty-five (25)	gent or attorney, the nam	ne, address, email address, and te	lenhone number of	ne number of the	
represent. At any time within the twenty-five (25) proposed rule/amendment/repeal may be submit	day public comment per	iod, written submissions including	arguments, data	and views on the	you
ECONOMIC IMPACT STATEMENT:	ted to the filing agency.				
TO THE IMPACT STATEMENT:					
Economic impact statement not requ	ired for this rule	Consiss			
- For the state of	an ed for triis rule.		nomic impact s	tatement attache	ed.
TEMPORARY RULES	PROPOSE	D ACTION ON RULES	T		
	, wor obe	ACTION ON ROLES	FINAL ACTION ON RULES		
Original filing	Action proposed	:		ed Rule Filed:	
Renewal of effectiveness	New rule		Action taken		
To be in effect in days	X Amendme	nt to existing rule(s)	Adopt	ed with no changes ed with changes	in text
Effective date:	Repeal of	existing rule(s)	Adopt	ed by reference	
Immediately upon filingOther (specify):	Adoption	by reference	Withd	rawn	
Other (specify):	Proposed final el			l adopted as propos	sed
	30 days at	ter filing	Effective date	2:	
	Other (spe	ecify): JUN 0 1 2021	30 day	s after filing	
rinted name and Title of person auth				(specify):	
gnature of person authorized to file	rules:	Drew L. Snyder, Exe	cutive Directo	or	
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